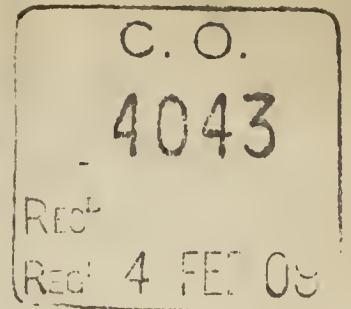


SOUTHERN NIGERIA.



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ANNUAL REPORT

ON

MEDICAL DEPARTMENT.

FOR THE YEAR

1907.



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MEDICAL OFFICE,

LAGOS, SOUTHERN NIGERIA.

14TH MARCH, 1908.

SIR,

I have the honour to submit the Annual Report of the Medical Department for the year 1907. To it are attached the reports of the three Provinces, and those of the Districts, giving details, mostly by means of tabulated facts.

I. MEDICAL STAFF.

DEATHS, INVALIDINGS AND RETIREMENTS.

1. With regret, I have to record the death during the past year of the two following Medical Officers:—

Dr. Gordon White, and Dr. Little.

The following Medical Officers were permanently invalided from this Service:—

Dr. Phillips

Dr. Fletcher.

Dr. de Gruchy.

Dr. Catling was temporarily invalided during the year.

Dr. J. D. Small, Senior Medical Officer, retired from the Service owing to ill-health.

One Medical Officer resigned his appointment in the Service.

2. NEW APPOINTMENTS OF MEDICAL OFFICERS DURING THE YEAR.

The following new appointments were made to the Staff:—

As Senior Medical Officers; (on promotion.)

Dr. St. George Grey, -from Sierra Leone.

Dr. D. Cameron Blair, -from Northern Nigeria.

Dr. J. A. Pickels, -Southern Nigeria.

MEDICAL OFFICERS; (NEWLY APPOINTED TO THE W.A.M.S.)

Drs. Catling, Wilson, Newport, Leonard, Foran, Coghill, Beale Browne, and Beaty.

Dr. Beale Browne did not serve in the Department, having been seconded for service with the Anglo-German Boundary Commission, before he left England for Southern Nigeria.

II. NEW HOSPITALS, MEDICAL STATIONS AND INSTITUTIONS.

1. Abakaliki, (Eastern Province), and Oshogbo-Ilesha, (Western Province), were established as new Medical Districts, Akassa and Brass were combined to form one Medical District, as were Onitsha and Asaba.

2. The Yaba Lunatic Asylum (Western Province,) was opened in December, 1907.

3. The European Ward was opened at the Ibadan Hospital.

4. The European Hospital was completed by the end of the year at Onitsha, and will be occupied as soon as the European Nurses' Quarters shall be completed.

5. Small Hospitals were built in various Outstations.

III. INFECTIOUS DISEASES.

SMALLPOX AND VACCINATION.

1. No epidemic of Smallpox has occurred in Lagos Town for the past four years,—the last being the small one recorded in 1904; and no cases of Smallpox have occurred among residents of Lagos since 1905. This is most gratifying,—a proof of the valuable results of our efforts to stamp out Smallpox in Lagos during the past ten years. When I arrived here ten years ago, an annual epidemic in Lagos Town was regarded as a natural and unavoidable occurrence, and cases cropped up frequently apart from the epidemic,

In 1898 measures were taken to establish vaccination on a sound and thorough basis in the Town, and I ventured to prophesy that in about seven years we should see valuable result from it. This has been amply borne out; for the annual epidemic decreased in severity, and now, for four years, there has been none at all. In 1906 only three cases, and in 1907 only two cases, of Smallpox occurred and those were persons who arrived ill of the disease, from the endemic centres in the Hinterland. None occurred in permanent residents. In no case did the disease spread to the inhabitants of the Town.

When one considers that there are now some 57,000 inhabitants in Lagos and Ebute Metta, and that the Town is surrounded by a country where Smallpox is ever present, from which daily, large numbers of persons are coming into the Town, I think we may feel that the present condition in regard to Smallpox is most satisfactory and encouraging.

2. There is, ever present, the risk of immigrant cases of the disease from the numerous endemic centres in the Hinterland. It would seem however, from the fact that far less Smallpox has been reported from Out-stations during the past year, and from the statements of leading natives in the Hinterland, and also from the fact that only two infected immigrants came into Lagos during the past year, that in the Hinterland also the beneficial effect of our vaccination work is beginning to appear; though it is naturally not so marked or satisfactory as in Lagos Town and places where the Law assists our efforts,—such as Badagry and Epe,—where similar good results have accrued, though of course to a less degree than those evident in Lagos. But one does not lose sight of the fact that,—as not infrequently occurs in the history of Smallpox,—this may have been a fairly “good” year in the endemic area, and that Smallpox will probably again be more in evidence there, until the whole has been protected by vaccination.

3. I need not repeat what I have so often written in previous Annual Reports as to the various causes which make Vaccination so difficult to carry out in Yorubaland,—where the Smallpox God (Shankpana, or Shoponq) has so great an influence; and

especially so in places where the Law does not assist us. Only time, the personal experience of the natives, and their own observation of the salutary results of vaccination, can bring about such a complete degree of protection as will entirely stamp out Smallpox and remove it from the list of endemic diseases here. Such cannot be hoped for many years to come.

Until that time, unceasing vaccination and vigilance, even in Lagos Town, must be necessary to prevent a recurrence of outbursts of the disease;—though it seems improbable that, if the present system be carefully continued, the disease can ever again reach epidemic proportions in Lagos Town, owing to the fact that the great majority of the 57,000 inhabitants are now protected from its effects.

Infant vaccination, re-vaccination after attaining adult age, and vaccination of immigrants, will I anticipate do all that is necessary in the future, so far as this Town is concerned, to ensure continued protection.

4. The reports from the Central and Eastern Provinces tend to show that the use of improved lymph, and obedience to the Regulations laid down for Vaccinators, are already yielding more reliable returns and an encouraging number of successful vaccinations. With spread of this system I hope for even better results for 1908.

| | | | |
|----|---------------------------------|------------------|---------------|
| 5. | Total successful vaccinations:— | Western Province | 52,804 |
| | ” | Central | 10,211 |
| | ” | Eastern | 13,006 |
| | | Total | <u>76,021</u> |

It is to be noted that while there were 20,401 successful vaccinations in Lagos Town in 1902, there were only 5,639 in 1907,—there being such a great reduction in the number of persons needing vaccination; they are now, only, infants, the large number of temporary residents from country places coming to Lagos for trading purposes, and imported labourers.

The number of “Unsuccessfals,” shown in the table attached, includes the very great number of persons who did not return after vaccination, so that in them the result could not be ascertained. It is permissible to believe that many of these may have been “Successfals”; but it is right for statistical purposes that they should not be recorded as such.

The main cause of non-success last year, as in previous years, is the action taken by the natives to prevent the proper result of the operation by washing off the lymph with various “native medicines.” This is of course most in evidence in the Hinterland. An occasional cause, in the Eastern and Central Provinces, was impaired or inert lymph. We now use there the lymph,—which yields eminently satisfactory results,—employed in the Western Province for some years past.

6. There was quite a small epidemic of Varicella during the year. No deaths are recorded from it.

7. Influenza was fairly prevalent. It is fortunately not so grave a disease as to sequeleæ here as in Europe.

8. There were but twenty-three cases of Measles recorded last year for the three Provinces.

9. Beri-beri is fortunately hardly ever seen in the Western Province.

It has been a cause of some anxiety in the Prisons of the Eastern Province, but the removal of the affected persons, to a distance from the place of infection, has resulted in a noteworthy number of recoveries.

IV. SANITATION WESTERN PROVINCE.

1. In Lagos Town, the usual work has been carried out. The reports of the Health Officers, (attached) give details.

The most noteworthy feature of the year was the inauguration of the long-looked-for and much-needed system for the disposal of sewage.

It was started in one district of the Town as a test, and has proved quite satisfactory. During the coming year it is, I understand, to be extended as rapidly as may be possible to other districts in the Town. The system consists in the use of dry-earth-pans, with depots in various places for receipt of the full pans at night, and for issue of dry earth. From the depots the sewage, (in the pans or other receptacles), is conveyed away, by Tram, to the place where the sewage is finally disposed of. One most satisfactory feature of the test has been the entire absence of any offensive odour, owing to the use of the odour-proof pans employed.

In the three Provinces Sewage-disposal is, on the whole, satisfactory in even the small, more primitive, settlements, so far as the European Quarters are concerned; and in the larger centres, the natives are being taught cleanliness and obedience to sanitary demands in this respect; and the use of public latrines, rather than resort in the "Bush," is more and more manifest in them. (Elsewhere the usual primitive offensive and insanitary native custom prevails.)

The system in vogue is the dry-earth-pan, with daily burial of the sewage in trenches in suitable areas; or in some places, the emptying of the pans into the sea, or central current of the large rivers near their mouths.

WATER SUPPLY.

2. A scheme for a water-supply for Lagos Town from the Ilo valley has been under consideration during the year.

In the meantime much attention and care have been devoted to the subject of tanks, and tank-stored water; and a type of tank, with proper interceptors and strainers, was approved for general use in the Colony and Protectorate.

The reports from the Central and Eastern Provinces show how important this question of water-supply is. I have little doubt that in future, a supply of wholesome tank-stored water will be available, in all places where such a water-supply is a necessity, when the approved type of tank and straining apparatus, mentioned above, shall be in general use.

I have no doubt,—as I have shown in former Annual Report,—that the great improvement in Lagos Town in regard to Dysentery among the European Officials, has been due to the greater care taken in regard to storage and purification of drinking water; and I am hopeful that the same will be evident among the natives when their almost ineradicable carelessness in the use of drinking water, shall, by a proper water-

supply,—either from improved wells or from the Ilo valley, or other Source—cease to be the potent factor it now is in the causation of the large amount of preventable bowel diseases among them. The boiling of drinking water in all Prisons has been instituted during the year.

3. The water-supply of Calabar continues to merit its good reputation. It allows of the abolition of tanks and of eave-gutters, (where Mosquitos breed so freely), from all the Government buildings with the result that Mosquitos are rarely found there.

4. Tanks and Wells supply, more or less satisfactorily, the requirements of the rest of both Eastern and Central Provinces in the majority of cases, but in a few there is good spring water.

1. *Drainage*.—Efficient drainage is of course a difficult matter in so very flat and sandy a place as Lagos Town is.

2. The cleaning of drains was, as usual, performed by Contractors, under the control of the Public Works Department, the Health Officers and Sanitary Inspectors reporting to the Public Works Department any offences against sanitary requirements noticed by them.

3. The surface drains of Lagos, especially the ends of those that cross the Marina and empty into the Lagoon, continue to give off most offensive odours at times,—especially during the dry season, when the flushing action of the rains is not present, and are a source of anxiety to those responsible for Public Health, and are a real grievance to European residents and others in that neighbourhood.

Fortunately, so far as health is concerned, they are open drains, exposed to sunlight and air, and do not contain excreta. But the very rapid decomposition of the vegetable matter that accumulates even in a day, at the ends, causes the offensive effluvia,—especially at the time when the inflowing tide prevents the contents of the drains from passing freely into the Lagoon,—and calls for constant cleansing and flushing. I understand that *pari passu* with road construction in the Town, the surface drainage will be entirely reformed, and the above mentioned nuisance,—which even if not dangerous to health by causing actual disease, is a source of serious discomfort and malaise,—be removed.

Roads as an aid in Sanitation. The two excellent roads through the town made during the year enable one to form an idea of the great improvement in surface drainage that will occur when more such shall have been made. The good effect on general sanitary conditions will be most important.

V. ANTI—MALARIA WORK.

1. The reports show that in all places, the usual action has been continued.

The main features of the work are:—

Use of Quinine as prophylactic.

Destruction of Mosquito-breeding grounds and larvae.

Use of kerosine oil for collections of water which cannot be otherwise treated.

Clearing of “Bush”.

Filling of swamp-land and surface depressions.

Use of Anti-mosquito wire-gauze for rooms and houses.

2. This last I still regard as one of the best Anti-malaria weapons we

have in this country, where the enormous area of Mosquito breeding-ground precludes complete destruction of Mosquitos and prevention of a constant influx of the adult insect to areas where the local breeding places have been abolished.

In the Towns, and places where native dwellings are near to and comingled with those of Europeans, it is particularly desirable; in Hospitals it is a necessity. The comfort too, and protection against diseases conveyed by the abounding swarms of house-flies and other insects, which result from the use of this wire-gauze, are most important additional reasons for its employment. No one who has once fully appreciated the benefit but must feel that it is an essential to life in West Africa.

This, my own experience, is borne out by what is stated to be the case on the Isthmus of Panama, in Italy, and other places where the use of wire-gauze-screened houses has become the rule. Not only has the effect on Malaria been most marked, but bowel ailments due to pollution of food and drink by flies, have decreased remarkably, and the ordinary decomposition of food is found to be delayed for a longer period than was formerly the case. The risk of contracting Filariasis, (with its sequelae), and Trypanosomiasis,—in certain places,—and the other insect-borne diseases, is, obviously, greatly lessened; and I cannot but urge once again that all houses should be so constructed as to permit of complete “ Mosquito-proofing ” by wire-gauze while allowing the maximum of light and air to enter.

After several years, personal experience of life in a Mosquito-proof house, I most unhesitatingly and strenuously advocate the use of such houses in West Africa. I have above pointed out the benefit in regard to many diseases, but as regards Malaria, if only all Europeans used them, the possibility of actually abolishing that disease among the European inhabitants of the large Towns would be enormously enhanced; and there is little doubt that the intelligent portion of the native community would in time adopt the same precaution against the disease which annually destroys so vast a number of its infant population. To be of value to the European community as a whole, however the use of such houses should be universal in it. At present the use of wire-gauze is an undoubted and most important aid in preventing infection of the individual who is wise enough to avail himself of its protection, but, as I have shown in previous report, one who now escapes Malarial infection while living in his own house, is exposed to infection when he spends an evening in that of one who will not take the trouble to protect either himself or his acquaintances from the risk of contracting the disease during those periods of the year when *Anopheles* are present. Among minor benefits conferred by the use of the Mosquito-proof house, are, abolition of the use of the hot Mosquito-net, (otherwise absolutely necessary), and of the need for taking Quinine as a prophylactic,—the latter procedure being then only necessary when travelling and exposed to the infection.

3. In order however to get, in this hot climate, the full benefit of the use of Mosquito-gauze with the minimum of resulting increase of heat, every house should be surrounded by a proper, sufficiently wide, verandah, and the gauze should be used to *completely close the verandah*, and not for the windows and doors of the rooms. In this way there is far less diminution of the amount of air and light admitted.

I have found from experiments during the past year with different wire-gauzes and various species of Mosquitos, that not even the smallest kinds of Mosquitos will pass through a mesh of 16 to the inch.

This is due to the construction of the legs of the insect.

This fact is of great importance as it allows a far larger meshed wire-gauze to be employed than was formerly believed to be necessary. Two or three times as much light and air are admitted, and the expense is reduced. Sandflies pass through the fine 20 hole gauze, so their passage through the 16 hole is not an objection to its use,—besides which, Sandflies are not everywhere, nor always present, and only the finest muslin will keep out these painful pests.

4. The necessity for incessant vigilance in searching for Mosquito breeding-grounds near buildings, is well exemplified by the fact that the source of the plague of Mosquitos at Onitsha was not discovered for about two years.

At my last visit of inspection there, I found the Mosquitos reached the Quarters on the Hill top *against* the wind. There at no very great distance from the European Quarters, the high grass gave them the necessary cover to advance against the wind. The tortuous course of the Nkissi stream, and its shallow flooded areas in the rainy season, no doubt furnish breeding places, but a careful search showed the Medical Officer that certain old decayed stumps of trees, that had long previously been felled, and were hidden in that long grass, contained collections of water in which Mosquito larvae abounded.

5. It is most satisfactory to note the gradual spread of Quinine Prophylaxis among natives, and the good effects produced thereby.

VI.—PARASITES AND BITING INSECTS.

1. *Guinea Worm*—One notes that during the year there was a very marked increase in the number of cases of Guinea Worm. It is hoped that when all the “water-hole” wells are abolished, and all the wells in the Town are covered, this parasite will not be often found in residents. But imported cases must arrive from time to time, as the parasite has a wide distribution in this country. The people have been thoroughly instructed as to its mode of entry into the human organism, and have been regularly urged to boil all their drinking water to kill any infected cyclops.

2 *Tse-tse flies*—abound in various parts of the Colony and Protectorate, in the usual habitat, along course of streams.

It is noteworthy that in spite of the occurrence in the Lagos Province of occasional cases of Sleeping Sickness furnishing the parasite causing it, and the prevalence of Tse-tse flies available to spread the disease, the latter is, actually, so rarely seen. Nearly all the cases which have occurred in the past have been persons who came from other territories or who had left Lagos (Western Province) and resided for a time in other Colonies or Provinces. It is said that cases have occurred in the past in the Hinterland but they have not been reported to Medical Officers.

In the Central Province a few cases have been reported, chiefly in and near Aboh, where I have captured Tse-tse flies. The Medical Officer of Aboh, (Dr. Gray) and I, have given specimens to the British Museum of these and other biting insects. Crocodiles, which of course abound in the larger streams of this country, Professor Kock regards as being the chief host of this fly. But the thick vegetation in the river banks appears to be one of the main protections of the fly, and when the rank vegetable growth—especially elephant and other long grasses—has been removed in a zone around settlements, the Tse-tse fly appears to have been driven away.

3. Though so few cases of Sleeping Sickness have been seen, (five—one of which appears to be a very doubtful case.—with three deaths), one must remember that, in the Eastern and Central Provinces, there must be many thousands of natives who have not been seen by any European—certainly not by a Doctor—and it may be, as the territory is more and more opened up, that

it will be found that there is more Sleeping Sickness in the Eastern and Central Provinces of Southern Nigeria than at present seems to be the case.

4. Trypanosomes in mammals, reptiles, and fish, appear to be extremely common here. Mr. Garden, a Veterinary Expert, was sent out to make a report, during the year, and his final report will doubtless contain interesting and valuable information on this subject of Trypanosomiasis in various animals.

5. The usual Intestinal Parasites, *Ascaris*, *Trichocephalus*, *Anklostomum*, and *Oxyuris*—that appear to infest every native—are, with Tapeworms, as usual, in evidence in the reports.

6. *Tabanidae* are common, and much dreaded by canoemen, from the pain of the “bite.” I have thought that in some rare cases some septic action has been set up by the “bites” of this class of insect, though as a rule the sharp momentary pain appears to be the chief result dreaded.

7. I discovered a new *Anopheline*,—which has been named by Mr. Theobald “*Myzorhyncus Strachani*.”

8. *Filariasis*—does not figure so largely in the reports as one might expect, though of course it is reported from various districts, and is very common among natives,—often without any apparent ill effect on general health. So far as Europeans are concerned, prudence in the use of the Mosquito-net no doubt prevents the occurrence of many cases.

VII.—LAGOS RAILWAY EXTENSION.

1. It is very gratifying to be able to report that the excellent record of health on the Railway Extension Works, dealt with in paragraph 4 of my last Annual Report, continued during 1907, and continues to constitute a record in construction of African tropical Railways.

2. There were two deaths; but only one from Climatic Disease. It occurred,—from Cardiac Syncope,—during early convalescence from a severe attack of Malarial Fever; but it is right to point out that humanly speaking the fatal termination was due to the fact that a “strict vegetarian”, contrary to the directions of his Doctor, did not take the nourishing food necessary to regain strength after a serious illness, but relied on the innutritious, scanty and,—for a European,—unaccustomed diet yielded by native vegetables; and that the severity of the Malarial attack was almost certainly due to the objection of the patient to the taking of Quinine as a prophylactic.

It cannot be too emphatically stated that for Europeans, in this climate and under the conditions as to food supply obtaining here, a strict adherence to a “vegetarian” diet, especially in severe illness, must be fraught with grave danger; and persons whose vegetarian principles will not allow them to obey strict Medical orders during illness or convalescence, even so far as to take Milk and eggs, incur a grave risk to life. Also that the taking of Quinine as a prophylactic, under Medical advice, *is a necessity*.

It cannot be judicious to employ in the arduous work and very trying conditions that are a necessary feature of the construction of a Railway in West Africa, persons who will not, or cannot, conform to the recognized conditions for safeguarding health here.

VIII.—CHIEF HOSPITALS, DISPENSARIES, AND ASYLUMS.

1. The Lagos Hospital returns show that the good reputation which it has gained continues to be deserved.

1,251 Natives and 103 European patients were treated as In-patients : and 6,043 (Natives) were treated in the Out-patient Department.

205 operations were performed.

It is to be noted that the number of Europeans seeking admission is now high. The daily average number in ward,—4,—being nearly double what it was three years ago.

The death-rate of Europeans admitted was 2·9 per cent; which is very satisfactory in view of the fact that almost all cases admitted are seriously ill,—sometimes after having been under treatment for some time outside the Hospital.

The death-rate among Natives admitted was 5·1 per cent.

2. 5,250 patients were treated at the Massey Street Dispensary: 7,536 at the Ereko Dispensary and 3,250 at the Ebute Meta Dispensary.

3. Ibadan Town Dispensary, daily average 56 patients.

4. At Calabar. In the European Hospital 107 patients were treated with 3 deaths.

In the Native Hospital 1,058 Natives were treated,—with 38 deaths,—and 4,235 were treated in the Out-patient Department.

The very great total number of Natives attending at those Institutions is gratifying evidence of the gradual spread among the people of faith in European scientific medicines. But of course the vast majority prefer the nostrums and charms and “juju” of the “bush” Doctor.

5. There was an average of 17 patients in the Yaba Leper Asylum all through the year, and at the Onitsha Leper Asylum there were 22.

6. The opening of the Lunatic Asylum at Yaba, has filled a long felt want; and, although it has been open but a few weeks, it is in satisfactory working order; and it is hoped that next year several articles of food used by the patients will be grown by them. There were 21 patients in it at end of year.

IX. VITAL STATISTICS WESTERN PROVINCE, 1907.

1. The estimated native population of Lagos and Ebute Metta, (its suburb), for 1907 was 57,058 and the European population of Lagos and Ebute Metta (Railway) was 440.

2. Tables furnished by the Registrar of Vital Statistics, I to XI, are attached.

3. They show that there was no death among European Officials from Malaria or Blackwater Fever during the year, while among other European residents,—including white Asiatics—one death from Malarial Fever and none from Blackwater Fever occurred,—as compared with five in 1906 from Malaria and three from Blackwater Fever.

I have already discussed this subject in this report. The total of deaths of Natives from Malarial Fever was 518, as compared with 542 in 1906.

4. There were 2,486 Births and 2,230 Deaths in Lagos Town. The total death-rate was 38·4 per thousand and the birth-rate 44·9 per thousand.

The infant mortality, (from birth to 12 years of age), was 26·0 per thousand of total population; but the death-rate of infants in the first year of life was 35·2 per cent of those born. That is, nearly one-third of the infants born, died before the end of a year.

5. The reports show that outside Lagos Town, information as to native population,—Births, Deaths, and causes of Deaths,—useful for scientific purposes, is not at present easily obtainable. It will in future be so to a certain extent, in spite of the difficulties that present themselves, as a scheme for the more scientific registration of Deaths is now, I understand, under consideration.

The following give the Statistics obtained from the Central and Eastern Provinces:—

Central Province.

Native population *estimated at*—1,900,000.

European population in 1907 was 301.

Deaths, *Native*. Not given; but 110 occurred out of 14,664 cases treated.

| | | |
|---|---|-------------------------|
| Deaths, <i>European</i> , registered.—10 | { | 1 Blackwater-Sapele |
| | | 2 Blackwater-Warri |
| | | 1 Blackwater-Benin-City |
| | | 1 Blackwater-Oka |
| | | 1 Blackwater-Idah |
| | | 1 Blackwater-Onitsha |
| | | 1 Malaria -Warri |
| | | 1 Malaria -Sapele |
| | | 1 Beri Beri -Sapele. |

Births registered. Not given.

Eastern Province.

Native population (not given in Dr. Gray's report).

European population in 1907 (not given in Dr. Gray's report).

Deaths. *Native*. Not given; but 228 occurred out of 18,526 cases treated.

| | | |
|--|---|--------------------------|
| Deaths, <i>European</i> . registered.—4 | { | 1 Blackwater -Calabar |
| | | 1 Pyæmia -Calabar |
| | | 1 Heart Failure-Calabar |
| | | 1 Septicæmia -Abakaliki. |

Births registered. Not given.

6. The chief Causes of Deaths among the Natives were, as usual:—

Malaria:

Bowel Diseases (chiefly Dysentery and Diarrhoea); and Pulmonary Diseases (chiefly Bronchitis and Pneumonia) so fatal among Natives in the rainy and cold seasons of the year.

I have so often in previous reports discussed the causes of the terribly high infant mortality and of so many deaths from preventable disease, that I need not here repeat my remarks. Until the native abandons many inherited customs which are now part of his very being, we shall continue to record high death-rates from diseases which we feel could be if not abolished at least reduced as factors in the death roll.

“Rheumatism,”—rheumatic pains in joints and fascid are extremely common in this part of the world.

X. MEDICAL RESEARCH LABORATORY.

1. I am very pleased to be able to report that the approval and sanction of the Secretary of State were granted for the erection in Lagos, next year, of a Medical Research Laboratory, which shall, for the benefit of all the West African Governments, investigate locally, tropical diseases, and shall supply also the greatly needed locally-prepared fresh calf vaccine-lymph so necessary for vaccination here.

I have no doubt that this Institute will prove to be a great assistance to the cause of Medicine and Science.

I have the honour to be,

Sir,

Your obedient Servant,

HENRY STRACHAN,

Principal Medical Officer.

On 31st December, 1907, the distribution of the Medical Staff was as follows :—

WESTERN PROVINCE.

| Rank. | Name. | Remarks. |
|-----------------------------------|---------------------|---|
| Principal Medical Officer ... | H. Strachan C.M.G. | Lagos, Southern Nigeria. |
| Senior Medical Officer ... | E. H. Read ... | East District, Lagos. |
| Resident Medical Officer ... | J. Currie ... | Lagos Hospital. |
| 3rd Medical Officer ... | J. A. Clough ... | Lagos. |
| Medical Officer ... | R. Laurie ... | West District, Lagos. |
| " | H. R. Ellis ... | Lagos. |
| " | C. J. Lumpkin ... | Massey Street Dispensary Lagos. |
| " | O. Sapara ... | Ereko Dispensary Lagos. |
| " | W. A. Cole ... | Lagos. |
| " | W. F. Macfarlane | Ebute-Meta. |
| " | C. C. Adeniyi Jones | Yaba Asylums. |
| " | D. Mackinnon ... | Aro. |
| " | J. D. Finlay ... | Ibadan. |
| " | J. S. Smith ... | Ondo. |
| " | T. E. Frazer Toovey | Badagry. |
| " | A. R. Rendle ... | Epe. |
| " | H. L. Burgess ... | Ikorodu-Shagamu. |
| " | W. Rogers ... | Oshogbo-Ilesha. |
| " | A. B. S. Powell ... | L. R. E. 53 Mile Camp. |
| " | J. C. Ryan ... | " 108 Mile Camp. |
| " | R. C. Hiscock ... | Survey Party Jebba. |
| " | H. Catling ... | N. R. E. Jebba. |
| EASTERN PROVINCE. | | |
| Senior Medical Officer ... | St. George Gray ... | Calabar (S. M. O. E. P |
| " | W. H. G. H. Best | Opobo. |
| Medical Officer ... | E. J. Moore ... | Degema. |
| " | J. W. Collett ... | Calabar. |
| " | T. B. Adam ... | Akassa-Brass. |
| " | J. B. Bate ... | Bende. |
| " | E. H. Tipper ... | Bonny. |
| " | R. H. Brierley ... | Obubra Hill. |
| " | E. E. Maples ... | Abakaliki. |
| " | A. H. Wilson ... | Afikpo. |
| " | C. C. Robinson ... | Owerri. |
| " | T. M. R. Leonard | Ikot-Ekpene |
| " | P. F. Foran ... | Omoduru. |
| CENTRAL PROVINCE. | | |
| Acting Senior Medical Officer ... | G. Hungerford ... | Warri. |
| Medical Officer ... | A. W. Symthe ... | Forcados. |
| " | A. J. A. Browne ... | Ifon. |
| " | M. E. O'Dea ... | Sapele. |
| " | R. W. Gray ... | Aboh. |
| " | R. L. Roe ... | Benin City. |
| " | P. H. MacDonald | Onitsha. |
| " | H. M. Newport ... | Agbor-Ishan. |
| " | F. C. Hepburn ... | Oka. |
| " | H. S. Coghill ... | Onitsha. |
| " | T. R. Beale Browne | Seconded for Service with the Anglo-German Boundary Com- mission. |

ON LEAVE.

Dr. F. G. Hopkins, Deputy Principal Medical Officer.
 .. M. Cameron Blair, Senior Medical Officer.
 .. J. A. Pickels,
 .. E. W. Graham, Medical Officer.
 .. E. J. Kelleher,
 .. W. I. Taylor,
 .. W. F. Manners,
 .. D. A. Ashton,
 .. J. C. M. Bailey,
 .. F. B. Thompson,
 .. J. Cross,
 .. E. J. Tynan,

TABLE I.

SHEWING DISEASES, NUMBER OF CASES TREATED AND DEATHS---DETAILS AS IN DISTRICT
REPORTS.

| DISEASES. | WESTERN PROVINCE. | | CENTRAL PROVINCE. | | EASTERN PROVINCE. | | TOTAL FOR ALL PROVINCES. | |
|--|-------------------|---------|-------------------|---------|-------------------|---------|--------------------------|---------|
| | Cases. | Deaths. | Cases. | Deaths. | Cases. | Deaths. | Cases. | Deaths. |
| General :— | | | | | | | | |
| Malarial Fever | | | | | | | | |
| (a) Remittent (Tropical or Aestivo-Autumnal. | 3,206 | 9 | 979 | 4 | 1,227 | 4 | 5,412 | 17 |
| (b) Intermittent | ... | ... | ... | ... | 7 | ... | 7 | ... |
| (c) Uncertain Type | ... | ... | 3 | ... | 263 | ... | 266 | ... |
| Febricula | 45 | ... | ... | ... | 33 | ... | 78 | ... |
| Hæmoglobinuric Fever | 21 | ... | 18 | 8 | 18 | 2 | 57 | 10 |
| Enteric Fever | ... | ... | 1 | ... | ... | ... | 1 | ... |
| Small-pox | 1 | ... | 15 | ... | 2 | ... | 18 | ... |
| Dengue | ... | ... | 1 | ... | ... | ... | 1 | ... |
| Dysentery | 476 | 8 | 281 | 15 | 437 | 103 | 1,197 | 126 |
| Beri Beri | 1 | ... | 45 | 4 | 195 | 36 | 241 | 40 |
| Influenza | 113 | 1 | 11 | ... | 17 | ... | 141 | 1 |
| Varicella | 75 | ... | 30 | ... | 264 | ... | 369 | ... |
| Measles | 20 | ... | ... | ... | 3 | ... | ... | ... |
| Erysipelas | ... | ... | ... | ... | 3 | ... | 3 | ... |
| Pyæmia | ... | ... | ... | ... | 1 | 1 | 1 | 1 |
| Septicæmia | 2 | 2 | ... | ... | 5 | ... | 8 | 7 |
| Tetanus | 27 | 9 | 1 | 1 | ... | ... | 29 | 10 |
| Tubercle | 103 | 3 | 13 | 3 | 11 | 4 | 127 | 10 |
| Leprosy | 2 | ... | 20 | ... | 33 | 1 | 55 | 1 |
| Yaws... .. | 62 | ... | 35 | ... | 51 | ... | 148 | ... |
| Syphilis, Primary | 4 | ... | 22 | ... | 66 | ... | 92 | ... |
| Secondary | 32 | 1 | 27 | ... | 129 | 1 | 188 | 2 |
| Inherited | 5 | ... | 18 | ... | 21 | ... | 44 | ... |
| Gonorrhœa | 462 | ... | 338 | ... | 374 | ... | 1,174 | ... |
| Veneral Sore (Non-Syphilitic) | 15 | ... | 7 | ... | 23 | ... | 45 | ... |
| Rheumatism, Acute | 1,066 | ... | 101 | ... | 383 | 1 | 1,550 | 1 |
| do. Chronic | 1,351 | ... | 868 | ... | 1,274 | 3 | 3,493 | 3 |
| New Growth :— | | | | | | | | |
| (a) Non-Malignant | 100 | ... | 10 | ... | 18 | 1 | 128 | 1 |
| (b) Malignant | 21 | 1 | ... | ... | 7 | 2 | 28 | 3 |
| Anæmia and Debility | 713 | 18 | 205 | 10 | 174 | 2 | 1,092 | 30 |
| Trypanosomiasis (Sleeping Sickness) | 2 | 2 | 3 | 3 | ... | ... | 5 | 5 |
| Puerperal Fever | ... | ... | 1 | ... | ... | ... | 1 | ... |
| Alcoholism, Acute | 8 | ... | 1 | ... | 1 | ... | 10 | ... |
| Senile Decay | ... | ... | ... | ... | 1 | 1 | 1 | 1 |
| Senility | ... | ... | ... | ... | 1 | 1 | 1 | 1 |
| Siriasis | ... | ... | ... | ... | 1 | ... | 1 | ... |
| Gout | ... | ... | ... | ... | 1 | ... | 1 | ... |
| Malarial Cachexia | ... | ... | ... | ... | 5 | ... | 5 | ... |
| Rachitis Deformans | ... | ... | ... | ... | 1 | ... | 1 | ... |
| Idiopathic Parotiditis | ... | ... | ... | ... | 1 | ... | 1 | ... |
| Catarrhal Jaundice | ... | ... | 1 | ... | 1 | ... | 2 | ... |
| Diabetes | ... | ... | 8 | ... | 1 | ... | 9 | ... |
| Ainhum | 28 | ... | 1 | ... | 1 | ... | 30 | ... |
| Epididymitis... .. | ... | ... | 1 | ... | 3 | ... | 4 | ... |
| Gonorrhœa | ... | ... | 1 | ... | ... | ... | 1 | ... |
| General Oedema | 2 | 1 | ... | ... | 15 | ... | 17 | 1 |
| Whooping Cough | 10 | ... | ... | ... | ... | ... | 10 | ... |
| Malingering | 17 | ... | ... | ... | ... | ... | 17 | ... |
| Diseases not diagnosed | 121 | 2 | ... | ... | ... | ... | 121 | 2 |
| Local :— | | | | | | | | |
| Of Nervous System | 811 | 6 | 208 | 4 | 375 | 3 | 1,394 | 13 |
| Of Eye | 1,175 | ... | 334 | ... | 598 | 1 | 2,107 | 1 |
| Of Ear | 729 | ... | 107 | ... | 225 | ... | 1,061 | ... |
| Of Nose | 44 | ... | 3 | ... | 15 | ... | 62 | ... |
| Of Mouth | 604 | ... | 49 | ... | 105 | 2 | 758 | 2 |
| Of Circulatory System | 346 | 14 | 30 | 4 | 134 | 9 | 510 | 27 |
| Of Respiratory System | 3,858 | 9 | 1,627 | 4 | 1,582 | 14 | 7,067 | 27 |
| Of Alimentary System | 4,545 | 14 | 1,536 | 47 | 2,400 | 22 | 8,481 | 83 |
| Of Lymphatic System | 478 | ... | 250 | ... | 298 | ... | 1,026 | ... |
| Of the Thyroid Body | 3 | ... | 1 | ... | ... | ... | 4 | ... |
| Of Organs of Locomotion | 293 | ... | 75 | ... | 93 | ... | 411 | ... |
| Of Urinary System | 114 | 6 | 44 | 2 | 99 | 6 | 257 | 14 |
| Of Generative Organs (Male) | 265 | ... | 31 | ... | 133 | ... | 429 | ... |
| Of Generative Organs (Female) | 240 | ... | 49 | 1 | 59 | ... | 348 | 1 |
| Of Cellular Tissue | 7,003 | 3 | 2,335 | 1 | 2,610 | 1 | 11,948 | 5 |
| Of Skin | 777 | ... | 2,368 | ... | 1,333 | ... | 4,478 | ... |
| Injuries | 3,483 | 3 | 2,208 | 3 | 2,839 | 1 | 8,535 | 7 |
| Fractures | 166 | 8 | 40 | ... | 21 | 3 | 227 | 11 |
| Burns and Scalds | 87 | 4 | 81 | 1 | 34 | ... | 202 | 5 |
| Surgical Operations | 848 | 1 | 113 | 4 | 231 | 2 | 1,192 | 7 |
| Malformations | 7 | ... | 1 | ... | 6 | ... | 14 | ... |
| Poisons | 3 | ... | 12 | ... | 8 | ... | 23 | ... |
| Parasites | 4,177 | 2 | 138 | 1 | 252 | ... | 4,567 | 3 |
| Affections connected with Pregnancy | ... | ... | ... | ... | 5 | ... | 5 | ... |
| Diseases of Bones | 3 | ... | 5 | ... | ... | ... | 8 | ... |
| Total | 38,175 | 127 | 14,664 | 120 | 18,529 | 232 | 71,368 | 479 |

TABLE I.

BIRTH AND DEATH RATES WITH INFANT MORTALITY FOR
THE YEARS 1906 AND 1907.

| Year. | | Births. | Deaths. | Death rate per 1,000. | Infant Mortality. | | | Rate per cent. of Deaths to Births in first year of age. |
|-------|----------------------------|---------|---------|--------------------------|---------------------------|-------------------|----------------|---|
| | | | | | Total. | Under 5 years. | 5 to 12 years. | |
| 1907. | Lagos & Ebute Metta. | 2,486 | 2,230 | 39.8 | 1199 = 26.0 per 1,000. | 1,094 | 105 | 35.2 per cent. or 352.7 per 1,000. |
| 1906. | do. | 2,482 | 2,191 | 48.5 | 1149 = 25.3 per 1,000. | 1,046 | 103 | 34.9 per cent. or 349.0 per 1,000. |

1. The number of deaths in Lagos in first year of age in 1907 = 799, Ebute Metta 78 total 877; as compared with 1906, Lagos 763 and Ebute Metta 86, total 849.

2. The population as calculated on the basis of the Census of 1901, was 43,509—that is 39,387, plus average increase of 687 per annum as obtained during the decade 1891–1901 was (calculated on that basis as directed by His Excellency the Governor in his memo of 30.6.1905.)

3. For Birth and Death rate per 1,000, it is calculated on the Vaccination Census 1905, and was 57,058 see Table attached.

TABLE II.

Table showing the number of Births registered and their sexes,
in the East and West Districts in Lagos Town and also
at Ebute Metta District, during the year 1907.

| Districts. | | | | Males. | Females. | Total. |
|----------------------|-----|-------|-----|--------|----------|--------|
| <i>Lagos Town.</i> | | | | | | |
| East District | ... | ... | | 405 | 396 | 801 |
| West District | ... | ... | | 737 | 734 | 1,471 |
| | | Total | ... | 1,142 | 1,130 | 2,272 |
| Ebute Metta District | | | | 119 | 95 | 214 |
| | | Total | ... | 1,261 | 1,225 | 2,486 |

TABLE III.

Table showing the number of Deaths registered and their sexes
in the East and West Districts in Lagos Town and also
at Ebute Metta District during the year 1907.

| Districts. | | | | Males. | Females. | Total. |
|----------------------|-----|-------|-----|--------|----------|--------|
| <i>Lagos Town.</i> | | | | | | |
| East District | ... | ... | | 395 | 349 | 744 |
| West District | ... | ... | | 598 | 604 | 1,202 |
| | | Total | ... | 993 | 953 | 1,946 |
| Ebute Metta District | | | | 162 | 122 | 284 |
| | | Total | ... | 1,155 | 1,075 | 2,230 |

TABLE IV.

Table showing the total number of Deaths of infants under one year old (included in Table II) registered, and their sexes, in the East and West Districts in Lagos Town and in Ebute Metta District, during the year 1907, with Rate per cent of Deaths in first year of age.

| District. | Males. | Females. | Total. | Rate per cent of Deaths to Births in first year of age. |
|--------------------------|--------|----------|--------|---|
| <i>Lagos Town.</i> | | | | |
| East District ... | 148 | 122 | 270 | 33.7 per cent. |
| West " ... | 273 | 256 | 529 | 35.9 .. |
| Total | 421 | 378 | 799 | 35.1 .. |
| Ebute Metta District ... | 43 | 35 | 78 | 36.4 .. |
| Total | 464 | 413 | 877 | 35.2 .. (352.7 per 1,000). |

Note. In 1906, total Deaths in first year of age in Lagos Town and in Ebute Metta District was 849, or 34.9 per cent of Deaths to Births.

TABLE V.

Table showing the total number of Deaths of Europeans, white Asiatics, and Natives, and their sexes, registered in Lagos and Ebute Metta Districts, during the year 1907.

| District. | European. | | | White Asiatics. | | | Natives. | | | Grand Total. |
|----------------------|-----------|----------|-------|-----------------|----------|--------|----------|----------|--------|--------------|
| | Mals. | Females. | Total | Males. | Females. | Total. | Males. | Females. | Total. | |
| Lagos District... .. | 4 | 0 | 4 | 2 | 1 | 3 | 987 | 952 | 1,939 | 1,946 |
| Ebute Metta " ... | 1 | 0 | 1 | 0 | 0 | 0 | 161 | 122 | 283 | 284 |
| Total | 5 | 0 | 5 | 2 | 1 | 3 | 1,148 | 1,074 | 2,222 | 2,230 |

Note. In 1907, four Europeans died in Lagos Town and one at Ebute Metta of non-climatic Diseases, 1 of Phthisis, 1 of Tubercular Meningitis with coma, 1 (Government Official) of Broncho-Pneumonia with Heart failure, and 1, of morbus Cordis and Syncope. Only one died of Malarial Fever.

TABLE VI.

Table showing deaths of Europeans from Malaria and Blackwater Fever in Lagos and Ebute Metta Districts during the year 1907, compared with 1906.

| Year. | District. | Govt. Officials. | | Other European Resident. | | Total. | |
|-------|---------------------|------------------|--------------------|--------------------------|--------------------|-----------------|--------------------|
| | | Malarial Fever. | Black-water fever. | Malarial Fever. | Black-water Fever. | Malarial Fever. | Black-water Fever. |
| 1907 | Lagos & Ebute Metta | — | — | 1 | — | 1 | — |
| 1906 | do. | — | * 1 | 5 | 3 | 5 | 4 |

* Contracted outside Lagos.

TABLE VII.

TOTAL DEATHS OF NATIVES FROM MALARIAL FEVER.

Lagos and Ebute Metta Districts in 1907 compared with 1906.

| Year. | Malarial Fever. |
|-------|-----------------|
| 1907 | 518 |
| 1906 | 542 |

TABLE VIII.

RETURN OF DEATHS FROM BOWEL COMPLAINTS IN THE YEAR 1907.

*Compared with 1906 in Lagos and Ebute Metta District.

| year. | Dysentery. | Diarrhœa. | Total. |
|-------|------------|-----------|--------|
| 1907. | 251 | 251 | 502 |
| 1906. | 195 | 242 | 437 |

* All Natives.

TABLE IX.

CLASSIFICATION OF THE PRINCIPAL CAUSES OF DEATHS IN LAGOS
AND EBUTE METTA DISTRICT IN 1907 COMPARED WITH 1906.

| Year. | Malarial Fever. | Diseases of the Digestive system. | Diseases of the Respiratory system. | Diseases of the Circulatory system. | Tetanus. | Other diseases. | Total. |
|-------|-----------------|-----------------------------------|-------------------------------------|-------------------------------------|----------|-----------------|--------|
| 1907. | 520* | 316 | 569 | 41 | 13 | 771 | 2,230 |
| 1906. | 547 | 320 | 583 | 21 | 12 | 708 | 2,191 |

* One European and one Asiatic included.

TABLE X.

POPULATION AND VITAL STATISTICS, 1907.

Rate per 1,000 of Population of Births and Deaths.

| District of Lagos. | Population. | Births No. and rate per 1,000. | Deaths No. and rate per 1,000. |
|---|-------------|--------------------------------|--------------------------------|
| I. Lagos Island (and Harbour) | 43,509 | 2,272 52·2 per 1,000 | 1,946 44·7 per 1,000 |
| II. Return of Vaccination Census 1905 in the Town of Lagos. | 50,551 | 12,272 44·9 per 1,000 | 1,946 38·4 per 1,000 |

By the Census of 1901, the Population of the Town (and Harbour of Lagos) was 39,387; plus average increase of 687 per annum for 6 years (4,122) as obtained during the decade 1891-1901, (calculated on that basis as directed by His Excellency the Governor in his Memo of 30. 6. 1905.), the population for 1907—43,509.

By Vaccination Census of 1905 (V. previous Annual Reports) it was found that the population was actually 50,551; plus estimated increase, calculated on an average increase of $21\frac{1}{2}$ per cent per annum, the population for 1907 was 50,551 or with Ebute Metta Suburb—57,058.

C. R. COLE,
Registrar of Vital Statistics.

Registration of Vital Statistics' Office,
Colony of Southern Nigeria,
Lagos, 11th March, 1908.

TABLE XI.

DEATHS AMONG EUROPEAN FROM BLACKWATER AND MALARIA FEVER.

1897 to 1907 in Lagos, Southern Nigeria for past ten years.

| Year | Malaria Fever. | | Total. | Blackwater Fever | | Total. | |
|------|----------------|----------------|--------|------------------|----------------|--------|---|
| | Officials | non-Officials. | | Officials. | non-Officials. | | |
| 1897 | 2 | 9 | 11 | — | 2 | 2 | European Population in 1901, = 233. |
| 1898 | 2 | 2 | 4 | — | — | — | |
| 1899 | 4 | 8 | 12 | — | 3 | 3 | |
| 1900 | 5 | 5 | 10 | — | 7 | 7 | |

ANTI-MOSQUITO WORK STARTED AND USE OF QUININE FOR PROPHYLAXIS MORE EMPHASIZED DURING LATTER PART 1900.

| | | | | | | | |
|------|-----|---|---|---|---|---|---|
| 1901 | 1 | 5 | 6 | — | 4 | 4 | European Population Increasing all the time In 1907 it was 440 |
| 1902 | — | 3 | 4 | 1 | 4 | 5 | |
| 1903 | — | 5 | 5 | 1 | 1 | 2 | |
| 1904 | 1 | 6 | 6 | — | 2 | 2 | |
| 1905 | * 1 | 5 | 6 | 2 | — | 2 | |
| 1906 | — | 5 | 5 | 1 | 3 | 4 | |
| 1907 | — | 1 | 1 | — | — | — | |

* In this case the fatal Malaria attack supervened on long serious, non-climatic disease—In itself it would most probably not have been a fatal attack.

More influence can be brought to bear on Officials, than on other European Residents, as regards prophylaxis and early treatment hence, no doubt the difference to be noted in the above.

I am glad however to say that I have noted in the past year (1907) a distinct change in the attitude of non-official European Residents in regards to Anti-Malaria precautions; and I venture to think that the figures for last year (1907) tend to show that this has been a beneficial change.

HENRY STRACHAN,
Principal Medical Officer.

TABLE A.

Return of Vaccinations performed in the Western, Eastern,
and Central Provinces during the year 1907.

| | Total Successful | Total Vaccinated (including unsuc- cessful, and "result not known") | Total last year. | | | |
|---------------------------|---------------------|---|------------------|----------------------|-------|-----------|
| | | | Successful | Total Vaccinated. | | |
| WESTERN PROVINCE | | | | | | |
| Lagos | 5,639 | 8,792 | 5,761 | 9,416 | | |
| Ebute Metta | 101 | 129 | | | | |
| Railway Line | 1,359 | 1,654 | | | | |
| Lagos Villages | 1,162 | 1,736 | | | | |
| Oyo | 2,921 | 4,715 | | | | |
| Jebu Ode | 4,856 | 9,125 | | | | |
| Badagry | 2,020 | 3,005 | | | | |
| Ikorodu | 2,851 | 4,459 | | | | |
| Shagamu | 1,218 | 1,822 | | | | |
| Shaki | 4,244 | 5,787 | | | | |
| Ilesha | 11,847 | 12,445 | | | | |
| Ode Ondo | 2,729 | 3,567 | | | | |
| Iseyin | 1,680 | 2,968 | | | | |
| Epe | 9,296 | 12,284 | | | | |
| Meko | 773 | 1,156 | | | | |
| Oshogbo | 108 | 145 | | | | |
| Total ... | 52,804 | 73,789 | 62,448 | 93,181 | | |
| EASTERN PROVINCE | | | | | | |
| Calabar | 565 | 989 | | | | |
| Afikpo & Abakaliki | 22 | 188 | | | | |
| Bende | 178 | 623 | | | | |
| Obubra Hill | 110 | 314 | | | | |
| Ikot-Ekpene | 189 | 379 | | | | |
| Omoduru | 7,308 | 8,751 | | | | |
| Opobo | 675 | 834 | | | | |
| Degema | 1,934 | 2,207 | | | | |
| Owerri | 1,249 | 6,000 | | | | |
| Brass-Akassa | 179 | 535 | | | | |
| Bonny | 597 | 908 | | | | |
| Total ... | 13,006 | 21,728 | | | 5,472 | not known |
| CENTRAL PROVINCE | | | | | | |
| Forcados | 314 | 819 | | | | |
| Warri | 1,114 | 1,139 | | | | |
| Sapele | 2,850 | 3,747 | | | | |
| Benin City | 480 | 1,022 | | | | |
| Ifon | 243 | 616 | | | | |
| Agbor-Ishan | 3,363 | 4,594 | | | | |
| Oka | 407 | 689 | | | | |
| Aboh | 618 | 755 | | | | |
| Total ... | 10,211 | 14,411 | 13,741 | not known | | |
| Grand Total ... | 76,021 | 109,928 | 81,661 | | | |

TABLE II

Shewing details of Diseases treated with number of Cases in each Medical District.

| DISEASES. | | WESTERN PROVINCE. | | | | | | | | | | | CENTRAL PROVINCE. | | | | | | | | | EASTERN PROVINCE. | | | | | | | | | | | |
|--|--|----------------------|--------|----------------|--------------|------|---------|------|-------|----------|----------------------|----------|-------------------|--------|---------|-------------|-------|----------------|-------|--------------|------|-------------------|---------|--------|--------------|-------------|--------|----------|--------|---------|---------|---------------|---------|
| | | Lagos Hospital, etc. | Ereko. | Massey Street. | Ebute Metta. | Aro. | Ibadan. | Epe. | Ondo. | Badagry. | Ikorodu— Shagamu. | Oshogbo. | Forcados. | Warri. | Sapele. | Benin City. | Ifon. | Onitsha-Asaba. | Aboh. | Aghor-Ishan. | Oka. | Calabar. | Afikpo. | Bende. | Obubra Hill. | Uke-Ekpene. | Akaki. | Omoduru. | Opobo. | Degema. | Owerri. | Akassa-Brass. | Pompey. |
| General:— | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Malarial Fever | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Remittent (Tropical or Aestivo-Autumnal) | | 1,072 | 374 | 366 | 197 | 340 | 587 | 44 | 20 | 153 | 31 | 22 | 263 | 348 | 111 | 18 | 33 | 128 | 24 | 54 | — | 363 | 6 | 104 | 123 | 52 | — | 11 | 135 | 112 | 52 | 123 | 146 |
| (b) Intermittent | | 38 | — | — | 6 | — | — | — | — | — | — | — | — | — | — | — | 2 | 1 | — | — | — | 81 | 30 | — | — | 60 | 3 | — | — | — | — | — | 7 |
| (c) Uncertain Type | | 10 | — | — | 1 | 4 | 4 | 1 | 1 | — | — | — | 2 | 2 | 2 | 2 | — | 7 | — | — | 3 | 27 | — | — | — | 6 | — | — | 11 | — | 2 | 76 | |
| Febriculae | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Haemoglobinuric Fever | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Enteric Fever | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Small Pox | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Dengue | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Dysentery | | 297 | 24 | 48 | 41 | 7 | 54 | 2 | 1 | 2 | — | — | 30 | 85 | 8 | 2 | 7 | 129 | 20 | 3 | — | 212 | 20 | 78 | 18 | 29 | 1 | — | 19 | 26 | 34 | — | |
| Beri Beri | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Influenza | | — | 102 | 11 | — | — | — | — | — | — | — | — | 17 | 21 | 1 | — | — | 5 | — | — | — | 138 | 42 | — | — | — | — | — | — | 3 | — | — | |
| Varicella | | 61 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Measles | | 1 | 10 | 9 | — | 4 | 10 | — | — | — | — | — | 2 | 25 | 1 | 1 | — | 1 | — | — | — | 241 | 8 | — | — | — | — | — | — | — | — | — | |
| Erysipelas | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Pyæmia | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Septicaemia | | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Tetanus | | 15 | 4 | 3 | — | 1 | 2 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Tubercle | | 70 | 10 | 12 | — | — | — | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Leprosy | | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Yaws | | 1 | 2 | 12 | 4 | 23 | 12 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Syphilis—Primary | | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Secondary | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Inherited | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Gonorrhœa | | 160 | 87 | 53 | 41 | 27 | 40 | 7 | 10 | 24 | 11 | 2 | 141 | 41 | 37 | 28 | 12 | 43 | 36 | 17 | 1 | 102 | 16 | 50 | 78 | 11 | 3 | 5 | 44 | 38 | 21 | 13 | |
| Venereal Sore (Non-Syphilitic) | | 4 | 1 | 5 | — | — | 5 | — | — | — | — | — | 6 | — | — | — | — | 1 | — | — | — | 2 | — | 1 | — | 2 | — | — | 15 | 3 | — | — | |
| Rheumatism, Acute | | 218 | 347 | — | 305 | 81 | — | 113 | 2 | — | — | — | — | — | — | 25 | 66 | — | 10 | — | — | 19 | 72 | 1 | — | — | — | 28 | — | — | — | — | |
| do. Chronic | | 157 | 154 | 545 | — | — | 271 | — | 37 | 103 | 72 | 12 | 355 | 279 | 100 | 70 | 9 | 54 | — | 1 | 641 | 16 | 75 | 73 | 44 | — | — | 122 | 143 | 45 | 102 | 178 | |
| New Growth:— | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (a) Non-Malignant | | 19 | 11 | 5 | — | 28 | 15 | 3 | 1 | 11 | 2 | — | — | — | — | 2 | 4 | 3 | — | 1 | 11 | 2 | — | 2 | — | — | 1 | 1 | — | — | 1 | — | |
| (b) Malignant | | 6 | 4 | — | — | — | 9 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Anæmia & Debility | | 167 | 272 | — | 163 | — | 74 | 16 | — | — | 20 | 1 | 9 | 117 | 21 | 8 | 3 | 46 | 1 | — | 87 | 28 | 3 | 3 | 3 | — | — | 18 | 19 | — | 9 | 4 | |
| Trypanosomiasis (Sleeping Sickness) | | 1 | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Puerperal Fever | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Acute Alcoholism | | 1 | — | 5 | — | — | — | — | 2 | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Senile Decay | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Senility | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Scurvy | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Gout | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Malarial Cachexia | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Rachitis Deformans | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Idiopathic Parotiditis | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Catarrhal Jaundice | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Diabetes | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Anthrax | | 3 | — | 1 | — | 3 | 16 | — | — | 3 | 2 | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Epididymitis | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Gonorrhœa | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| General Oedema | | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Whooping Cough | | — | — | 9 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Diseases not diagnosed | | 57 | — | — | — | 64 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Malingering | | 16 | — | — | — | — | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Local | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of Nervous System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neuritis | | 28 | 3 | — | 1 | 2 | — | 1 | — | 2 | — | — | 1 | 6 | 4 | 2 | 6 | 4 | — | — | — | 8 | 2 | — | 3 | — | — | 13 | 4 | 10 | 35 | — | 29 |
| Meningitis | | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Meningocele | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Cerebral | | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Spinal | | 1 | 1 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
| Cerebral Congestion | | 2 | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | — | |
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TABLE II

Shewing details of Diseases treated with number of Cases in each Medical District.—*continued.*

[illegible]

TABLE II

Showing details of Diseases treated with number of Cases in each Medical District.—*continued.*

[illegible]

TABLE II.

Shewing details of Diseases treated with number of Cases in each Medical District--*continued.*

[illegible]